



PowerGroup
Companies

FAX

To: Brooke Shultz From: Gene Moya
With: F.M. Pages: 5
Fax: 610-722-2683 Date: _____
Phone: 800-814-4458 x 676 Re: _____
CC: _____ Other: _____

☐ Urgent ☐ FYI ☐ Please Reply ☐ Personal & Confidential

■ COMMENTS:

Brooke -

Accord loss notice

Thank You.

Gene Moya



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NOV-06-2008 12:38

POWER GROUP

9137545947

P.002



PROPERTY LOSS NOTICE

DATE (MM/DD/YYYY)

11/3/2008

AGENCY PHONE (A/C, No, Ext): (913) 491-3280 Power Group Risk Services LLC 12721 Metcalf Ave., Suite #103 Overland Park KS 66213 FAX (A/C, No): (913) 491-6379 E-MAIL ADDRESS: mccallum@pgcompanies.com CODE: SUB CODE: AGENCY CUSTOMER ID: 00001973		MISCELLANEOUS INFO (SNE & location code) POLICY TYPE COMPANY AND POLICY NUMBER CO: Affiliated Fm Insurance POL: PN791 PN790 FLOOD CO: POL: WIND CO: POL:		DATE OF LOSS AND TIME 7-17-08 12:00 NAIC CODE 10014 POLICY DATES EFF: 9/25/2008 EXP: 9/25/2009 EFF: EXP:		PREVIOUSLY REPORTED YES NO YES NO	
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INSURED		CONTACT		CONTACT INSURED	
NAME AND ADDRESS OF INSURED Nebraska Beef Inc. 4501 S. 36th Street Omaha NE 68107 RESIDENCE PHONE (A/C, No) BUSINESS PHONE (A/C, No, Ext) (402) 733-7000 CELL PHONE (A/C, No) E-MAIL ADDRESS fjfromi@aol.com		DATE OF BIRTH SOC SEC # OR FEIN:		NAME AND ADDRESS MARTIN ZEFKA 317-432-1936 RESIDENCE PHONE (A/C, No) BUSINESS PHONE (A/C, No, Ext)	
NAME AND ADDRESS OF SPOUSE (IF APPLICABLE) DATE OF BIRTH SOC SEC # OR FEIN:		CELL PHONE (A/C, No) E-MAIL ADDRESS		WHERE TO CONTACT WHEN TO CONTACT	

LOSS		POLICE OR FIRE DEPT TO WHICH REPORTED	
LOCATION OF LOSS KIND OF LOSS FIRE LIGHTNING FLOOD WIND OTHER (explain) All other physical damage		PROBABLE AMOUNT ENTIRE LOSS	
DESCRIPTION OF LOSS & DAMAGE (Use separate sheet, if necessary) Electrical Breakdown 100P Receiver - Shut down OFAL APT			

POLICY INFORMATION					
MORTGAGEE <input type="checkbox"/> NO MORTGAGEE					
HOMEOWNER POLICIES SECTION 1 ONLY (Complete for coverages A, B, C, D & additional coverages. For Homeowners Section II Liability Losses, use ACORD 3.)					
A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	DEDUCTIBLES	DESCRIBE ADDITIONAL COVERAGES PROVIDED
					ON
COVERAGE A. EXCLUDES WIND					
SUBJECT TO FORMS (Insert form numbers and edition dates, special deductibles)					
FIRE, ALLIED LINES & MULTI-PERIL POLICIES (Complete only those items involved in loss)					
ITEM	SUBJECT OF INSURANCE	AMOUNT	% COINS	DEDUCTIBLE	COVERAGE AND/OR DESCRIPTION OF PROPERTY INSURED
	BLDG <input type="checkbox"/> CNTS				
	BLDG <input type="checkbox"/> CNTS				
	BLDG <input type="checkbox"/> CNTS				
SUBJECT TO FORMS (Insert form numbers and edition dates, special deductibles)					
FLOOD POLICY	BUILDING: CONTENTS:	DEDUCTIBLE: DEDUCTIBLE:	ZONE	PRE FIRM POST FIRM	DIFF IN ELEV FORM TYPE GENERAL DWELLING CONDO
WIND POLICY	BUILDING	DEDUCTIBLE	CONTENTS	ZONE	FORM TYPE GENERAL DWELLING CONDO
REMARKS/OTHER INSURANCE (List companies, policy numbers, coverages & policy amounts) NY ONLY: PREVIOUS ADDRESS OF INSURED & WIFE'S MAIDEN NAME					
CAT #	FICO #	ADJUSTER ASSIGNED	ADJUSTER #	DATE ASSIGNED	
REPORTED BY Jim Meyer	REPORTED TO Brooke Skulicz	SIGNATURE OF INSURED		SIGNATURE OF PRODUCER	

ACORD 1 (2006/02)

NOTE: IMPORTANT STATE INFORMATION ON PAGE 2

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POWER GROUP

9137545947

P.003



PROPERTY LOSS NOTICE

AGENCY Power Group Risk Services LLC 12721 Metcalf Ave., Suite #103 Overland Park KS 66213 FAX (A/C, No): (913) 491-6379 E-MAIL ADDRESS: agardner@pgcompanies.com CODE: SUB CODE: AGENCY CUSTOMER ID: 00002603		MISCELLANEOUS INFO (SNA & location code) DATE OF LOSS AND TIME: 7-17-08, 12:00 POLICY TYPE: COMPANY AND POLICY NUMBER: NAIC CODE: POLICY DATES: EFF: 9/25/2008 EXP: 9/25/2009 FLOOD: CO: POL: EFF: EXP: WIND: CO: POL: EFF: EXP:		DATE (MM/DD/YYYY) 11/06/08 PREVIOUSLY REPORTED: YES NO	
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INSURED NAME AND ADDRESS OF INSURED South Omaha Investors Pack LLC 4501 South 36th Street Omaha NE 68107 RESIDENCE PHONE (A/C, No): BUSINESS PHONE (A/C, No, Ext): (402) 733-7000 CELL PHONE (A/C, No): E-MAIL ADDRESS:		CONTACT CONTACT INSURED NAME AND ADDRESS MARTIN RESKA 317-432-1936 RESIDENCE PHONE (A/C, No): BUSINESS PHONE (A/C, No, Ext): CELL PHONE (A/C, No): E-MAIL ADDRESS:	
NAME AND ADDRESS OF SPOUSE (IF APPLICABLE) DATE OF BIRTH SOC SEC # OR FEIN:		WHERE TO CONTACT WHEN TO CONTACT	

LOSS LOCATION OF LOSS POLICE OR FIRE DEPT TO WHICH REPORTED	
KIND OF LOSS FIRE THEFT LIGHTNING HAIL FLOOD WIND OTHER (explain)	PROBABLE AMOUNT ENTIRE LOSS
DESCRIPTION OF LOSS & DAMAGE (Use separate sheet, if necessary) Electrical Breakdown 100 Amp Breaker Shut down of el Dept	

POLICY INFORMATION MORTGAGEE <input type="checkbox"/> NO MORTGAGEE	
HOMEOWNER POLICIES SECTION 1 ONLY (Complete for coverages A, B, C, D & additional coverages. For Homeowners Section II Liability Losses, use ACORD 3.)	
A. DWELLING B. OTHER STRUCTURES C. PERSONAL PROPERTY D. LOSS OF USE DEDUCTIBLES DESCRIBE ADDITIONAL COVERAGES PROVIDED ON	COVERAGE A. EXCLUDES WIND SUBJECT TO FORMS (Insert form numbers and edition dates, special deductibles)
FIRE, ALLIED LINES & MULTI-PERIL POLICIES (Complete only those items involved in loss)	
ITEM SUBJECT OF INSURANCE AMOUNT % COINS DEDUCTIBLE COVERAGE AND/OR DESCRIPTION OF PROPERTY INSURED	BLDG CNTS BLDG CNTS BLDG CNTS
SUBJECT TO FORMS (Insert form numbers and edition dates, special deductibles)	
FLOOD POLICY BUILDING: DEDUCTIBLE: ZONE: PRE FIRM: DIFF IN ELEV: FORM TYPE: GENERAL: CONDO CONTENTS: DEDUCTIBLE: POST FIRM: DWELLING:	WIND POLICY BUILDING: DEDUCTIBLE: CONTENTS: ZONE: FORM TYPE: GENERAL: CONDO DWELLING:
REMARKS/OTHER INSURANCE (List companies, policy numbers, coverages & policy amounts) ONLY: PREVIOUS ADDRESS OF INSURED & WIFE'S MAIDEN NAME	
CAT # FICO # ADJUSTER ASSIGNED REPORTED BY: Gene Meyer REPORTED TO: Brooke Shultz	ADJUSTER # DATE ASSIGNED SIGNATURE OF INSURED SIGNATURE OF PRODUCER

ACORD 1 (2006/02)

NOTE: IMPORTANT STATE INFORMATION ON PAGE 2

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FM Global

EQUIPMENT ADVANTAGE

EQUIPMENT BREAKDOWN INSURANCE POLICY DECLARATIONS

Named Insured South Omaha Investors Pack LLC
Policy Number PN790
Effective/ Expiration Date 09/25/2007 - 09/25/2008

Mailing Address: C/O Marvin Schreck 4501 South 36th St, Omaha, NE, 68107

Covered Locations: 4501 South 36th Street, Omaha, NE 68107

I. Coverage Description: Equipment Breakdown
Provided by: Factory Mutual Insurance Company, 1301 Atwood Ave., Johnston, Rhode Island (800) 814-4458

II. Limits of Insurance

A. Property Damage.....	\$35,411,000
B. Business Interruption and or Extra Expense and or Utility Service Interruption.....	\$4,780,000
Extended Period of Interruption.....	5 Days
C. Expediting Expenses.....	\$100,000
D. a. Spoilage and or Contamination.....	\$100,000
b. Spoilage and or Contamination-Property of Others.....	No Coverage
E. Hazardous Material.....	\$100,000
F. Demolition and Increased Cost of Construction.....	\$1,000,000
G. Water Damage.....	\$100,000
H. Fungus, Wet Rot, Dry Rot and or Bacteria.....	\$25,000
I. Media or Data.....	\$25,000

III. Deductibles

A. Property Damage.....	\$10000
B. Business Interruption and or Extra Expense and or Utility Service Interruption.....	24 Hours
C. Spoilage and or Contamination.....	Combined w/PD

IV. Waiting Periods

A. Utility Service Interruption.....	24 Hours
B. Spoilage and or Contamination.....	24 Hours

V. Forms Attached to this Policy

1097-28; 701-14

Term Premium: \$7,055

Authorized Signature

Countersigned (if required) at

by

GRC

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EQUIPMENT ADVANTAGE

EQUIPMENT BREAKDOWN INSURANCE POLICY

DECLARATIONS

Named Insured
Nebraska Beef Inc.

Policy Number
PN791

Effective/ Expiration Date
09/25/07 / 09/25/08

Mailing Address: 4501 S. 36th Street, Omaha, NE 68107

Covered Locations: See Form 774-6

I. Coverage Description: Equipment Breakdown

Provided by: Factory Mutual Insurance Company, 1301 Atwood Ave., Johnston, Rhode Island
(800) 814-4458

II. Limits of Insurance

A. Property Damage.....	\$35,000,000
B. Business Interruption and or Extra Expense and or Utility Service Interruption.....	\$42,985,000
Extended Period of Interruption.....	5 days
C. Expediting Expenses	\$100,000
D. a. Spoilage and or Contamination.....	See Endorsement #1
b. Spoilage and or Contamination-Property of Others.....	No Coverage
E. Hazardous Material.....	\$100,000
F. Demolition and Increased Cost of Construction.....	\$500,000
G. Water Damage.....	\$100,000
H. Fungus, Wet Rot, Dry Rot and or Bacteria	\$25,000
I. Media or Data.....	\$25,000

III. Deductibles

A. Property Damage.....	\$25,000
B. Business Interruption and or Extra Expense and or Utility Service Interruption.....	24 Hours
C. Spoilage and or Contamination.....	10% of Loss with a minimum of \$50,000

IV. Waiting Periods

A. Utility Service Interruption.....	24 Hours
B. Spoilage and or Contamination.....	24 Hours

V. Forms Attached to this Policy

1097-28; 1097-6; 1027-7; 701-14; 774-6; Endt's #1, #2

Annual Premium: \$ 105,417

Authorized Signature _____

Countersigned (if required) at _____ by _____ Agent